

THE
MEDICAL AND SURGICAL REPORTER.

No. 789.]

PHILADELPHIA, APRIL 13, 1872.

[Vol. XXVI.—No. 15.]

ORIGINAL DEPARTMENT.

Communications.

ON CHOREA.

By GEORGE HUNTINGTON, M. D.,
Of Pomeroy, Ohio.

Essay read before the Meigs and Mason Academy of Medicine at Middleport, Ohio, February 15, 1872

Chorea is essentially a disease of the nervous system. The name "chorea" is given to the disease on account of the *dancing* propensities of those who are affected by it, and it is a very appropriate designation. The disease, as it is commonly seen, is by no means a dangerous or serious affection, however distressing it may be to the one suffering from it, or to his friends. Its most marked and characteristic feature is a clonic spasm affecting the voluntary muscles. There is no loss of sense or of volition attending these contractions, as there is in epilepsy; the will is there, but its power to perform is deficient, the desired movements are after a manner performed, but there seems to exist some hidden power, something that is playing tricks, as it were, upon the will, and in a measure thwarting and perverting its designs; and after the will has ceased to exert its power in any given direction, taking things into its own hands, and keeping the poor victim in a continual jigger as long as he remains awake, generally, though not always, granting a respite during sleep. The disease commonly begins by slight twitchings in the muscles of the face, which gradually increase in violence and variety. The eyelids are kept winking, the brows are corrugated, and then elevated, the nose is screwed first to the one side and then to the other, and the mouth is drawn in various directions, giving the patient the most ludicrous appearance imaginable.

The upper extremities may be the first affected, or both simultaneously. All the voluntary muscles are liable to be affected, those of the face rarely being exempted.

If the patient attempt to protrude the tongue it is accomplished with a great deal of difficulty and uncertainty. The hands are kept rolling—first the palms upward, and then the backs. The shoulders are shrugged, and the feet and legs kept in perpetual motion; the toes are turned in, and then everted; one foot is thrown across the other, and then suddenly withdrawn, and, in short, every conceivable attitude and expression is assumed, and so varied and irregular are the motions gone through with, that a complete description of them would be impossible. Sometimes the muscles of the lower extremities are not affected, and I believe they never are *alone* involved. In cases of death from chorea, all the muscles of the body seem to have been affected, and the time required for recovery and degree of success in treatment seem to depend greatly upon the amount of muscular involvement. ROMBERG refers to two cases in which the muscles of *respiration* were affected.

The disease is generally confined to childhood, being most frequent between the ages of eight and fourteen years, and occurring oftener in girls than in boys. DUFOSSE and RUFZ refer to 429 cases; 130 occurring in boys and 299 in girls. WATSON mentions a collection of 1,029 cases, of whom 733 were *females*, giving a proportion of nearly 5 to 2. Dr. WATSON also remarks upon the disease being most frequent among children of *dark* complexion, while the two authorities just alluded to, DUFOSSE and RUFZ, give as their opinion that it is most frequent in children of *light* hair. In every case visiting the clinics

at the College of Physicians and Surgeons of New York, and of which I have the notes, the subjects were of *dark complexion*. Temperature is said to exert an influence over the disease, it being according to some authors, most frequent during the winter months, and scarcely known in the tropics. Its mean duration is from thirty to sixty days, and although it is chiefly confined to children is not entirely so. *Spontaneous terminations* frequently occur upon the establishment of the menses in girls and of puberty in boys. There appears to be in certain cases of unusual severity or long continuance a degree of fatuity established, but it is usually recovered from upon the subsidence of the disease.

According to RILLIET and BARTHEZ, as quoted by Dr. CONDIE in his work on diseases of children: "Patients laboring under chorea, being attacked by measles, scarlatina, variola, or other acute febrile disease of childhood, the chorea will generally be diminished in intensity or entirely removed."

They state that "out of nineteen cases nine were attacked with other diseases, and eight were evidently influenced by them." M. RUFZ, denies that concurrent diseases exert any influence upon the severity or duration of chorea. There is generally constipation with disordered stomach and appetite, it sometimes being defective and at others ravenous. Pain is not a common attendant upon the disease, although headache may frequently be present and sometimes tenderness along the course of the spinal cord, which is increased by pressure. "Epilepsy and hemiplegia," remarks Dr. CONDIE, "are not uncommon results of chorea," and in many cases falling under his notice the patients had died of tubercular meningitis. Dr. TODD states that "*paralysis* of a limb which has been affected by chorea is not uncommon." He also states that the sounds of the heart are often changed in chorea; a bellows sound is frequently observed, and is either aortic, systolic, dependent upon anemia, or much more frequently mitral, systolic or regurgitant.

Rheumatism and rheumatic pericarditis, have been shown by Dr. COPLAND to be frequent accompaniments to chorea. M. LEE, BEGBIE, NAIRN, KIRKES, TROUSSEAU, and others point out its frequent occurrence in connection with pericardial inflammation, and internal and external rheumatism. TROUSSEAU says that examinations into the con-

dition of the heart, and inquiry as regards rheumatism, should *always* be instituted.

As regards the *pathology* of chorea, very little satisfactory information has been gained, and indeed in a large number of persons who have died of chorea, and upon whom autopsies have been performed, in the hope of illuminating this dark subject, no morbid changes have been found of a nature to lead to the supposition that they were in any way connected with the disease, while lesions discovered in others, such as inflammation of portions of the brain, turgescence of its vessels, with effusion of serum; hypertrophy and injection of the brain and spinal cord; turgescence of the vessels of the brain and spinal cord, with several bony plates half way up the spine upon the pia mater; a concretion in the left hemisphere of the brain; a tumor pressing upon the tubercular quadrigemina, with inflammation and sanguineous effusion; ecchymosis of the membranes, and a pulpy condition of the spinal cord, and an abscess within the cerebellum, as reported by CLUTTERBUCK, SERRS, COX, PATTERSON, ROSER, WILLAN, COPLAND, MONAD, HUTTEN, BEIGHT, BROWN, KEIR and SCHRODE, these might, I say, have exerted and doubtless *did* exert powerful influences over the cases in which they occurred.

The most probable theory, and one which I believe is most generally accepted at the present day is, that the disease depends upon some *functional* derangement in the cerebellum. Modern physiologists pretty generally agree upon the opinion first advanced by FLOURENS, that the function of the cerebellum is to direct, govern and coördinate the movements of the muscular system. This being the case, then, the irregular ungoverned movements of the muscles in chorea would most decidedly and emphatically point to the cerebellum as the seat of the difficulty. Undoubtedly, the abscess of the cerebellum discovered by SCHRODE was the exciting cause in that instance. But even if we take it for granted that we have discovered the *sedes morbi* we are still left in ignorance in regard to the *nature* of the derangement. And here we must leave the interesting subject of the pathology of this disease, and trust that the science, which has accomplished such wonders, through the never-tiring devotion of its votaries, may yet "overturn and overturn, and

overturn it," until it is laid open to the light of day.

The causes predisposing to chorea are various: Improper and indigestible articles of diet, confinement in illy ventilated apartments, with want of proper exercise; disordered digestion, etc. While the *exciting* causes are irritation from dentition, irritation in the stomach and alimentary canal; by worms, retained *feces*, etc., anger, fright, rheumatism and injuries to the head. It is, also, singular as it appears, sometimes the result of *imitation*.

Some authors mention the disease as occurring epidemically in schools, and in one instance among a religious sect in Kentucky and Tennessee. The disease sometimes assumes a character different from ordinary chorea, and a number of cases of this kind are alluded to by WATSON. Some keep beating measured time as if they were marching to music, others are seized with an irresistible propensity to roll over and over; others to stand on their heads, others to walk forward or backward, sometimes rapidly and in one direction, until exhausted or checked by some obstacle.

The treatment of chorea now most generally adopted is by purgatives, tonics, counter-irritants, and anti-spasmodics. The first indication is, if possible, to remove the *exciting cause*, and it will probably be different in each individual case. Bleeding used to be employed, and it is said with good results, but it is rarely used at present, except in cases when there is much pain in the head, or along the spine, when it may be taken moderately by cups or leeches.

Purgatives should be used to unload the intestines, and the bowels should be kept open, and in a condition as near normal as possible, not allowing a day to pass without a full and free evacuation. In the early stages the mild cathartics may be employed, as the fluid extract taraxacum and senna, calomel combined with rhubarb or jalap, and followed by castor oil.

The pil. comp. cath., or ol. ric., may be recommended when constipation is resisting, and the bowels are in a torpid state. Spts. turpentine is highly recommended by some, either by itself, or in combination with castor oil, tr. senna, etc.

Tartarized antimony has been recommend-

ed by some in as large doses as can be borne by the stomach.

In the *British and Foreign Medical and Surgical Review* for January, 1858, two cases are reported as being successfully treated by it. In the first case the chorea had lasted a month and was increasing in intensity. Large doses of tart. emetic were given on two successive days, and thirty hours after its first administration, all choreic movements had ceased. The chorea reappeared under a severe fit of passion, but again yielded to tartar emetic. In the second case the chorea was at first *general*, but immediately became *partial*. It resisted tonic and other treatment for six months, but yielded to tartar emetic in twenty-eight hours. Counter-irritation is often employed, either by blisters along the spine, pustulation by croton oil, or by friction with tartar emetic ointment, this last method being considered by some good authorities as preferable. The most essential part of the treatment consists in the administration of tonics, nearly all of which, both vegetable and mineral are found serviceable. Of the vegetable tonics, the best are the different preparations of bark, and the salts of quinia. Of the minerals, the chalybeates, arsenic and zinc, are undoubtedly the most valuable. Iron may be given in form of sesquioxide, proto carbonate or sulphate, and, indeed, will be found useful in any of its forms.

The proto-carbonate of iron, gr. v.-vii., given in syrup, will often be found very useful. The zinci sulph. has a great deal of testimony in its favor; the disease yielding to it when many other medicaments have failed. Its use is generally begun in small doses, say one grain, and gradually increasing a grain at a time until the stomach will bear twelve or fifteen grains. The *effects* produced in individual cases must guide the practitioner, and if one tonic fails, another must be substituted and persevered in as long as any benefit accrues from its use, and so on throughout the whole catalogue, if necessary. Cimicifuga, nuxvomica and iodine have been used with marked success by some, and are highly recommended by them. Opium, belladonna, hyoscyamus, stramonium, etc., are often serviceable in quieting muscular action and producing sleep, and the same may be said in favor of chloral hydrate and chloroform, the latter being used in event of failure of the

other remedies. These drugs can be considered, however, only as adjuvants to the tonics. In conjunction with these means the *cold bath* or sea-bathing, plenty of exercise in the open air, and a strict attention to diet will in most cases prove successful.

Electricity applied along the spine has proven in the hands of some a powerful curative agent in chorea. It should never be applied directly to affected parts, as the disease is thereby aggravated, rather than relieved, and it should not be continued after the patient is convalescent. The diet should be nourishing and easy of digestion, the food to consist of such articles as beef extract, milk, eggs, etc., the condition of each patient indicating the kind and quantity of food to be given. Gymnastic exercise is often of much good and is employed by some as the sole means of cure. After recovery care should be taken to remove all exciting causes; the bowels are to be kept free and in a soluble condition, and in short, all irritation to both mind and body are to be removed as far as it is possible to do so.

And now I wish to draw your attention more particularly to a form of the disease which exists, so far as I know, almost exclusively on the east end of Long Island. It is peculiar in itself and seems to obey certain fixed laws. In the first place, let me remark that chorea, as it is commonly known to the profession, and a description of which I have already given, is of exceedingly rare occurrence there. I do not remember a single instance occurring in my father's practice, and I have often heard him say that it was a rare disease and seldom met with by him.

The *hereditary chorea*, as I shall call it, is confined to certain and fortunately a few families, and has been transmitted to them, an heirloom from generations away back in the dim past. It is spoken of by those in whose veins the seeds of the disease are known to exist, with a kind of horror, and not at all alluded to except through dire necessity, when it is mentioned as "*that disorder*." It is attended generally by all the symptoms of common chorea, only in an aggravated degree, hardly ever manifesting itself until *adult* or *middle* life, and then coming on gradually but surely, increasing by degrees, and often occupying years in its development, until the

hapless sufferer is but a quivering wreck of his former self.

It is as common and is indeed, I believe, *more common among men than women*, while I am not aware that season or complexion has any influence in the matter. There are three marked peculiarities in this disease: 1. Its hereditary nature. 2. A tendency to insanity and suicide. 3. Its manifesting itself as a grave disease only in adult life. 1

1. Of its hereditary nature. When either or both the parents have shown manifestations of the disease, and more especially when these manifestations have been of a *serious* nature, one or more of the offspring almost invariably suffer from the disease, if they live to adult age. But if by any chance these children go through life *without* it, the thread is broken and the grandchildren and great-grandchildren of the original shakers may rest assured that they are free from the disease. This you will perceive differs from the general laws of so-called hereditary diseases, as for instance in phthisis, or syphilis, when one generation may enjoy entire immunity from their dread ravages, and yet in another you find them cropping out in all their hideousness. Unstable and whimsical as the disease may be in *other* respects, in *this* it is firm, it never skips a generation to again manifest itself in another; once having yielded its claims, it never regains them. In all the families, or nearly all in which the choreic taint exists, the nervous temperament greatly preponderates, and in my grandfather's and father's experience, which conjointly cover a period of 78 years, nervous excitement in a marked degree almost invariably attends upon every disease these people may suffer from, although they may not when in *health* be over nervous.

2. The tendency to insanity, and sometimes that form of insanity which leads to suicide, is marked. I know of several instances of suicide of people suffering from this form of chorea, or who belonged to families in which the disease existed. As the disease progresses the mind becomes more or less impaired, in many amounting to insanity, while in others mind and body both gradually fail until death relieves them of their sufferings. At present I know of two married men, whose wives are living, and who are constantly making love to some young lady, not seeming to be aware

that there is any impropriety in it. They are suffering from chorea to such an extent that they can hardly walk, and would be thought, by a stranger, to be intoxicated. They are men of about 50 years of age, but never let an opportunity to flirt with a girl go past unimproved. The effect is ridiculous in the extreme.

3. Its third peculiarity is its coming on, at least as a grave disease, only in adult life. I do not know of a single case that has shown any marked signs of chorea before the age of thirty or forty years, while those who pass the fortieth year without symptoms of the disease, are seldom attacked. It begins as an ordinary chorea might begin, by the irregular and spasmodic action of certain muscles, as of the face, arms, etc. These movements gradually increase, when muscles hitherto unaffected take on the spasmodic action, until every muscle in the body becomes affected (excepting the involuntary ones), and the poor patient presents a spectacle which is anything but pleasing to witness. I have never known a recovery or even an amelioration of symptoms in this form of chorea; when once it begins it clings to the bitter end. No treatment seems to be of any avail, and indeed nowadays its end is so well-known to the sufferer and his friends, that medical advice is seldom sought. It seems at least to be one of the incurables.

Dr. WOOD, in his work on the practice of medicine, mentions the case of a man, in the Pennsylvania Hospital, suffering from aggravated chorea, which resisted all treatment. He finally left the hospital uncured. I strongly suspect that this man belonged to one of the families in which hereditary chorea existed. I know nothing of its pathology. I have drawn your attention to this form of chorea gentlemen, not that I considered it of any great practical importance to you, but merely as a medical curiosity, and as such it may have some interest.

CLINICAL NOTES.

By F. K. BAILEY, M. D.,

Of Knoxville, Tenn.

HÆMATURIA.

This term is of Greek origin, and means voiding of blood urine. There is nothing easier to distinguish than this. Every one can easily detect blood when found in the urine, but the practical question which arises is,

whence is it? It may come from the kidneys, ureters, the bladder, prostate gland, and urethra. WATSON (*vide Practical Medicine*, p. 906) says: "Hæmaturia, strictly idiopathic, must be very rare. CULLEN remarks that neither he nor any of his friends had ever met with an instance of it." AITKEN only alludes to it incidentally in connection with albuminuria. WOOD says: "It is by no means common, except as an attendant upon inflammation of some portion of the membrane lining the urinary passages, and even under these circumstances is seldom so considerable as to claim particular attention" EBERLE gives some excellent diagnostic circumstances which will guide us in giving locality to the origin of the blood voided from the bladder. DUNGLISON points out also the principal diagnostic marks to aid us in the study of cases which may come under our notice. BARCLAY, in his work on diagnosis, specifies many points to enable us to determine the origin of blood, but says: "These observations all tend to show that hæmaturia is almost constantly a symptom, though a casual one, of disease in some portion of the urinary apparatus," etc.

The above observations were suggested by phenomena presented in the following cases, which came under my eyes a few months since.

CASE I.—Sept. 13th, 1871. Was called at 9 A. M. to see A. W., a colored woman with perhaps one-quarter Anglo-Saxon blood, aged about 40. Found she had been voiding bloody urine for twenty-four hours previously. Examined some voided just as I entered the house, and found it at least one-half dark-colored blood, but thoroughly mixed. There was a whitish sediment, and a general cloudy or smoky appearance throughout. Could not determine whether there were blood-casts of the uriniferous tubes. Patient complaining of severe pain in the lumbar and pubic regions, with nausea and depressed circulation. Bowels open. Prescribed tr. catechu in 3ss. doses, and directed her to remain quiet in bed. At 3 P. M. called and found she could not empty the bladder, although the desire was very urgent. Catechu had aggravated the nausea. Pulse very small and low. Extremities cool. General feeling of depression and faint on raising in bed.

As there was some resonance in the pubic region on percussion, concluded the bladder was not distended, and accordingly did not

introduce a catheter. Left *pulv. doveri* in six grain doses, to be taken every six hours, and directed her to sit over warm water on attempting to evacuate the bladder. Also, to take a solution of cream tartar and elm bark as an occasional drink. Instructed the attendants to preserve any fluid that should pass from the bladder before my next visit.

14th, 8 A. M.—Feeling some better; passed a quantity of bloody urine at 9 o'clock last night, and, at intervals during the night, some masses of coagula escaped. Just before my arrival she had voided about 3iss. clear urine in a clean vessel. Pain in the lumbar region much relieved, but there is still depression, with slow pulse, and an inability to sit up; no appetite, and but little thirst; diagnosis: hemorrhage from the kidney or kidneys. To continue *cr. tartar* to act upon the bowels with *pulv. doveri* P. R. N.

4 P. M.—Feels some better; but complains of uneasiness and fullness in region of the kidneys, and across the lower part of the abdomen.

No evacuation from the rectum, but urine mixed with blood has passed freely since morning. To continue *cr. tartar*, and take Dover's powders after bowels move.

15th, 9 A. M.—Slept some during the night. Bowels moved once. Still passing bloody urine, with sediment appearing like mucus. Less dysuria. Some pain in the lumbar and iliac regions. No fever; pulse slow; tongue little coated. To continue *cr. tartar*, and to take a small Dover's powder, with one half grain acetate lead every three hours. Demulcent drinks and light diet.

16th, 9 A. M.—Urine more copious, but still mixed with blood; has passed about a quart since last night; bowels moved freely; still pain in the back, but less in the iliac region. To continue *pulv. doveri* without acetate of lead if the pain is severe, and continue *cr. tartar* in small quantities as a diuretic.

17th.—Urine passes clear from blood, none being seen since Tuesday evening. Still depressed, with pain in the loins. Prescribed bromide potassium in eight grain doses every four hours, with *tr. cinchona*, and to keep quiet. As a drink, water acidulated with *cr. tartar*.

18th.—Improving and discharged as convalescing. The above case is reported as an instance when blood appears to have been

poured out in the kidney and passed off without any constitutional disturbance except a depressed condition, which is generally found in hemorrhage from internal organs.

This woman is the person whose case is described in an article in the *REPORTER* for January, 29, 1870, as laboring under menorrhagia, and previously suffering from chronic pleuritis. Since that time there has been no return of the uterine troubles, but the left lung has continued diseased and more than half of the organ has become solidified. In one or two other cases of lung affection which resulted from pleuritis, I have found decided disease of the renal organs attended with anasarca.

As stated by writers, as well as from personal experience, hemorrhage from the kidneys is not commonly seen. That my diagnosis was correct is inferred from the fact of pain and fullness in the lumbar region, and in the course of the ureters.

Dysuria was only present from sympathy. The blood was invariably mixed with the urine, and with one exception always was present. At the time the urine was found clear it was only in a small quantity, and secreted at an interval between the periods of the blood being poured out. If the source of the blood had been cystic it is hardly to be expected that the urine would have been unmixed with blood in a single instance. One kidney only might have been effected, and the clear urine came from the sound one, and voided before the other had discharged its share.

CASE II.—About the middle of October last I met with a case of hæmaturia in an unmixed African woman of full temperament, in which there were considerable febrile manifestations and more decided indications of active congestion of the kidneys. The hemorrhage was free for a day or two, and subsided as suddenly as it appeared. The woman has not been as well as usual since that time, and complains of pain in the lumbar region. She has been relieved by the use of bromide of potassium with laxatives. In regard to the concurrent existence of chronic pleurisy and renal disease, I have not observed sufficiently to base an opinion. Nor have I seen any such fact noticed by writers.

Since writing the above notes I have found in Braithwaite, part 54, article 24, a paper by

Dr. F. W. PAVY, F. R. S., upon paroxysmal hematuria, in which exposure to cold would induce a flow of blood from the kidneys. The writer appears to attribute the phenomena described to causes nearly allied to those causing determination of blood to other organs, and that they may occur periodically or otherwise, according to circumstances.

Dr. HYDE SALTER, in *British Medical Journal*, March 22, 1862, and Braithwaite, part 45, article 41, considers the presence of blood casts as pathognomonic of the renal origin of the blood.

Hæmaturia is sometimes vicarious of the menstruous flow. Mr. GUTHRIE, in *Lancet*, January 31, 1857, and Braithwaite, part 35, article 33, mentions such a case as quoted by Dr. W. R. BASHAM. In the case first described in this article, no abnormality was present in the menstrual function, as, in fact, she was unwell about ten days previous to the flow of blood.

A few days ago (January 25th), I saw both the patients. No. I. has had no renal difficulty since she was discharged, but is a constant sufferer from the thoracic affection. Menses regular. Also have seen No. II. within a few days, and find her complaining of a good deal of uneasiness in the lumbar region, with occasional tinge of blood in the urine. She informs me that for some months the menstrual function has been irregular, the flow less than it should be, with constipation and scanty urinary secretion. In this case I am disposed to consider the abnormal departure as vicarious to the monthly flow. She is young (not 25), of a gross physique, and most intensely African. I shall watch these cases closely and report at some future time their progress. In case I., I am inclined to anticipate albuminuria sooner or later, as an attendant upon the pleuritic affection.

SCHIRRUS OF THE STOMACH.

June 11th, 1871.—Invited by Dr. BOYD, of this city, to visit with him at one of the hotels, Mr. B., æt. about 55; married, and an active business man till six months ago, when he began to feel a pain and uneasiness at the pit of the stomach, which was soon attended with vomiting.

Present condition: emaciated, with an anxious, dejected countenance. Pulse slow, soft, and 65 per minute. Tongue somewhat coated.

At the pit of the stomach is felt a hard tumor, extending downward to the umbilicus;

to the right, meeting the liver, and to the left three or four inches beyond the mesial line. A throbbing felt on pressure upon the tumor, giving a sensation of lifting the hand when applied firmly. No dysphagia or pain on swallowing. Vomiting occurs from one to three hours after eating, a dark grumous liquid being defected, mixed with chyme. Pain not constant, but no freedom from the uneasy sensation. The easiest position in which he could lie was on the right side, with the inferior extremities drawn up; lying on the back, caused disturbance in the circulation.

Concurred in diagnosis with the opinion of Dr. BOYD that the tumor was at the pyloric orifice, and undoubtedly cancerous in its nature. Mr. B. had been sojourning at Montvale Springs, twenty-five miles south from this city, and was on his way home in a town some thirty miles distant. Dr. BOYD had observed the case but two days when I saw him, and had given hydrate chloral in six grain doses every four hours, with lime water and a milk diet. Some relief had been experienced from the chloral, but only palliatives could be advised. Prognosis unfavorable. Mr. B. left for his home next day (12th). During the first week in July following, Dr. BOYD received from the attending physician news of the death of the patient, and also the stomach, which presented the following appearance: Cardiac orifice, normal; pylorus, very much thickened, and having a dark cancerous appearance. The diseased portion occupied quite a proportion of the organ, and in some places the gastric parietes were considerable thickened. A portion of the spleen left upon the stomach looked healthy.

There are some interesting points in diagnosis involved in the study of this case. It was stated that vomiting occurred from 1 to 3 hours after eating. From this it was inferred that no obstruction to the entrance of food or drink existed at the cardiac orifice, but that only when the process of digestion was completed, and the chyme ready to pass through the pylorus, did vomiting occur. The lifting sensation felt on laying the hand upon the stomach was indication of its being raised by every beat of the large artery lying behind.

We were informed that one physician had pronounced the disease to be aneurism of the aorta. Lying upon the side being the most

easy posture, indicated that the relief was from the weight of the enlargement being partially removed from the artery. Schirrus of the stomach and adjacent organs has not been a frequent occurrence in my observations. Many years since I was associated with two others in a *post-mortem* examination, when a man of sixty or seventy had suffered for years with a distressing tumor in the epigastric region. Nearly the whole extent of the stomach was involved. In some points the coat was thickened to nearly an inch, and in others, very much attenuated. In another case, an old gentleman, there was found a thickening of the coats of the duodenum.

The disease had continued many years, and the diagnosis was obscure. A *post-mortem* examination only could reveal the true pathology of the case. Death was caused by a closure of the caliber of the intestine.

I will relate another interesting case which came under my observation about the year 1856. The patient was a man over fifty years of age; native of Scotland, but resident in Illinois for many years. His occupation had been that of contractor on the Illinois and Michigan canal during early manhood, but subsequently retired to a farm. For many years he had been subject to severe attacks of what was considered bilious colic, and had taken large and oft repeated doses of cal mel, to relieve the liver. From my first acquaintance with this gentleman, his countenance was pale and of a sallow hue. He was frequently jaundiced, and withal a great sufferer. Not long after coming under my care I removed several hemorrhoidal tumors with the ligature, and otherwise treated him for hepatic and portal derangements. Nothing afforded any permanent relief, and in process of time he succumbed.

On *post-mortem* examination, we found a narrowing of the ductus communis choledochus from thickening of the coats, and upon the hepatic side of the diseased tube, concretions consisting of inspissated bile, which had wholly closed the passage.

There are very many cases like the latter which every practitioner has met, and found difficult of diagnosis and treatment. The occlusion more or less complete, will stop the flow of the biliary secretion, and cause local distress, and constitutional symptoms referable to the liver.

In all painful affections of the epigastric region, especially when the distress is most felt to the right of the mesial line, and paroxysmal in its accession, there is reason to suspect closure of the common duct, either from inspissated bile, or a thickening of the tube, which lessens its caliber and retards even the normal amount of secretion.

In such cases it is bad practice to administer agents which will tend to increase the amount of bile, because there is an inability to dispose of what is secreted.

March 1872.

TWO CASES OF OVARIAN NEURALGIA.

By EDWARD H. SHOLL, M. D.,

Of Gainesville, Ala.

In the early part of October, 1871, Justina, a black woman, 22 years of age, youngest child 3 years of age, presented herself for examination and treatment. Her haggard face indicated suffering. Her pain, of a sharp, intense, lancinating paroxysmal character, located in right iliac region, was at times almost unbearable, shooting down the thigh. Little tenderness on pressure, but increased sensibility of the general surface. No defined periodicity; nutrition imperfect; bowels rather constipated; no febrile excitement; access of attack sudden; menstruation regular; no exciting cause noticed; diagnosed as ovarian neuralgia, caused by deficient nutrition; menstruation completed ten days before.

She was ordered twelve grains of muriate of ammonia six times daily, and good diet. Eight days of medication relieved the pain entirely, with great general improvement. Five days after, in passing, I was told she needed my attention. On entering, found her a raving maniac. Attack had come on suddenly in the night before. She was terribly violent, obscene and profane. Had endeavored to tear off her clothing, and kill her child, of whom she was very fond. She imagined herself the Saviour having come to judge the world, and was with difficulty restrained, by four strong men, from committing acts of terrible violence. Having secured her, a grain of morphine was inserted in the arm. In fifteen minutes she became more quiet, her mouth was forced open, and finding the tongue heavily coated, sixty grains of calomel were given. She slept most of the night. Next day the bowels were freely moved, and

the excessive violence of symptoms gave way, and her mania took on more of a melancholic condition. Diet of nourishing character was forced on her. Thirty grains of chloral at night secured sleep; and in the morning, quiet during the day, though but little clearness of intellect till on the sixth day of treatment. On the seventh day the menstrual flow appeared; was copious. With each day's flow the intellect became more clear. It lasted five days, and with its cessation mind was almost entirely restored to its normal standard. She was put at once on iron, and in a short time mind and body were made sound, and so remain till this time.

Nov. 8. 1871.—Was called upon to visit Mrs. A., who had been confined twenty-four days before with her second child. She got up on the fifteenth day. The next day, in passing into an adjoining room, where she remained a few minutes, she became thoroughly chilled. In an hour she was attacked with a violent, agonizing pain in the right ovary; pain so torturing as to elicit loud screams. Her physician, by the use of chloral, mercury, quinine and opiates, gave temporary relief, though there was a malarial taint the quinine failed to relieve, and the only rest was obtained by large doses of the anodynes. I found her at 4 P. M., in a paroxysm of most intense agony; face pallid, wan and haggard; surface in a cold, clammy sweat; pulse feeble and accelerated; slight tenderness on pressure upon the right ovarian region; general exaltation of sensibility of abdominal surface, with a pain described as lancinating and cutting, extending to the right knee; bowels well opened. She was very weak, unable to change her own position. She was ordered

R. Aconit. muriat., gr. x.
Potas. bromid., gr. xv.
Fld. ext. gelsimini, m. xv. M.

every two hours until relieved. Quinine, three grains every three hours, with a decided opiate at 9 P. M., and requested to report in forty-eight hours. At the expiration of that time, the medicine having been pushed as far as could be borne, she was still unrelieved. Although knowing from previous history that it was utterly impossible up to that time for her to retain anything in the shape of a pill upon the stomach, my anxiety to try the iodoform and iron led me to order for her six of Warner's pills daily. In connection with this she was directed to take six drops of the liquid

propylamin in aqueous solution every two hours during the day; also a powerful alternative anodyne, as follows:

R. Fld. ext. gelsimini, fʒijss.
" " colchici, " "
" " sanguinarie, aa fʒij.
" " belladonnæ, " "
" " phytolacæ, aa fʒj.
" " aconit. rad., mʒ45. M.

Sig.—Take 18 drops every two hours, or as necessary.

She took two pills immediately on receiving them. Nausea immediately commenced, and violent vomiting ensued, which only became quiet with the ejection of the pills. The other treatment was continued five days, during which time she was never entirely easy, but had some comparatively comfortable hours whenever the anodyne was carried to the extent of producing double vision. I saw that my patient was losing ground; continuous pain was surely sapping life.

She was then ordered

R. Tinct. ferri chlorid., ℥vi.
Liq. potass. arsenit., ℥ij.
Strychniæ sulphat., gr. 1-60. M.

This was given every two hours, night and day. In four days she was almost relieved. In eight days she rose and dressed herself, declared herself well, and has so remained, concluding to my satisfaction the severest case of this class that has ever come under my care.

MEDICAL SOCIETIES.

EAST RIVER MEDICAL ASSOCIATION OF NEW YORK.

[PAPER READ BY DR. JOHN BURKE.]

Delirium Tremens—Continued.

Two things are essential in the treatment of this disease: Constant watching and careful nursing. A patient should not be left alone for a moment. I have seen the sad results of a neglect of this precaution a number of times. One example will suffice. I was summoned one night to see a stout black-mith, who had been drinking freely for about ten days. He was sitting in his room surrounded by his friends, smoking and chatting. In truth, at first sight, nothing appeared to ail him. He told me that he had not slept for two nights; that fellows were going to burn his house and kill him. His pulse was slightly accelerated, tongue clean; on the whole it seemed a mild case, which a few days would restore to health. There was, however, glistening and restlessness about his eyes, or rather a fire in them, I did not like. As I always do, I told his friends to watch him.

carefully lest he should hurt himself or somebody else, and ordering some treatment I left. I had not gone three blocks from the house when I heard a voice screaming after me to return, that Grogan had cut his throat. He was bleeding freely from an ugly gash across his windpipe. I arrested the hemorrhage and dressed the wound. After I left, he walked to another room, opened a drawer, took out an old razor, and standing before a looking glass, drew it deliberately across his throat. That night I sent him to the City Hospital, and in three days he was dead. Tell the patient's friends, therefore, that he must be carefully watched; if anything wrong then occurs the fault lies not with you. Exclude rigidly everybody but those who have the immediate care of the patient; let him be kept free from all external and internal stimulants, and, indeed, he should be viewed for the time being as an insane person.

I would stop all alcoholic drinks; this is a hard thing to do, as people have an idea that if liquor be suddenly cut off the patient will die. They will say that it was not grog that killed him, but the want of it. It is some years since I cut off liquor in these cases, and I can safely say that I have never had occasion to regret it. I grant that it may be necessary once in a while to give a little to an old broken down toper who has perhaps imbibed hogsheds in his day, but as a general rule I am strongly opposed to it. If, however, despite what you say, the friends will insist on a little whisky, order a teaspoonful of brandy to a tumblerful of water; a teaspoonful every three hours, good beef tea or chicken broth, rice and milk, lemonade, bread and milk, carbonic acid water etc., may be given. In some cases the appetite is very good; then they may have beefsteak or mutton chop, but generally the appetite is depraved. Animal broths are best substitutes for whisky, and should be given freely. Next, in regard to drugs, I am sorry to say I have no specific to offer. Delirium tremens being a self-limiting disease, persons have recovered under the most dissimilar modes of treatment. They have been bled and blistered, leeches and cupped, and purged. Opium has been given in heroic doses, both hypodermically and by the stomach, tartar emetic and opium combined, ipecac, the cold water douche, etc. Yet patients have recovered under all the varied treatment. Does not this fact alone prove that the disease is a self-limiting or a self-curing one?

As a general rule, if good sound sleep can be procured, a favorable result is certain to follow, hence the opium treatment was at one time considered the best and most reliable: Watson and others laid down the axiom: "Unless the patient sleeps he dies." Now this, I am free to say, has hurried many a poor fellow out of this world. Opium has been given until it has caused fatal coma. I myself saw a fatal result ensue, where not over two drachms of laudanum were taken during

a night. Yet I have seen patients recover when several ounces were taken. It is difficult to tell how much is due to whisky and how much to opium. I have used morphia by the hypodermic syringe, and am afraid of it. I gave one man $\frac{1}{2}$ gr. one night; he fell into a stupor which I thought would prove fatal. He rested for several hours and got well, but it is a method of treatment I should not recommend. We have no right in such a disease as delirium tremens, when we know that recovery will take place in most cases, to employ such a powerful weapon that cuts both ways. To make opium effectual, it must be given in large doses. I have no faith in small doses, unless to keep the patient amused while nature is performing a cure.

There is no need to be alarmed if the patient does not sleep in a night, or two, or three. He can live many days and nights without sleep. When I came to New York the doctrine was to give opium to the sleeping point. We all swore by Watson. Early training makes such a deep impression that it takes years to throw it aside, and even then some lingering remnants will remain. Even now when I am called to prescribe for a case of delirium tremens, I mechanically commence with opium as a leader. For many years I held on to the opium treatment, for the axiom "Unless he sleeps, he dies," and the reproaches and entreaties of friends who would say, "Oh! doctor, he has not slept in four nights," and, "Doctor, so-and-so ordered John Smith one dose, and he slept," held me fast long after I had seen the evil effects of opium in delirium tremens.

Many recover, no doubt, under the use of opium, but I think more would benefit by the use of beef tea and some bitter infusion, such as gentian or wormwood. I always suffered from anxiety when I left my patient to the nurse with directions to give mixtures containing laudanum or morphia every two or three hours. It was with a deal of trepidation that I inquired in the morning how the patient had passed the night; but I no longer have that dread. It is a great satisfaction to order remedies that cannot do much harm, and are very likely to do a world of good.

In some cases we have obstinate vomiting; here I generally find carbonic acid water in small quantities, ice, and a mustard plaster to the epigastrium give the quickest relief. If the vomiting be too persistent, a stimulating injection, and a small blister on the pit of the stomach, over which a little morphia may be sprinkled when the epidermis is removed, will generally suffice. I formerly gave large doses of calomel; it is a dangerous practice; I have known ten grains to cause profuse salivation; so, therefore, I do not give it now. On first seeing your patient, if the tongue is extensively coated, and breath in a bad condition, two scruples of ipecac to cause free emesis is a good remedy. Formerly in the City Hospital, they treated all their pa-

tients with ipecac, and I believe they had more success with that than with the opium.

Bromide of potassium in large doses is the great remedy now, and it has this advantage, that in fair doses it can do no harm. But in many cases you will be disappointed in its effects. I give it in half-drachm doses every two hours until six drachms are taken. If it does not produce quietude and sleep in that quantity, I always discontinue it. It will in some persons produce very marked quieting effects. I have used it extensively and can speak with some degree of experience in its favor. In a bad case, previously mentioned, when pneumonia was complicated with delirium tremens it appeared to act well. When the skin is hot and dry, which it generally will be when there is any complication, I give spirituous milderer. In many cases there will be profuse sweating and great muscular activity, the patient shaking like an aspen. Here I find a quinine mixture with excess of acid do great service. I have also used the tincture of iron, and can speak well of it. I have had good success with quinine given by day, and bromide of potassium at night. Gentian or wormwood may be substituted for the quinine. Pulv. capsicum has been used formerly by Mackintosh. Tincture cap. lei was employed. I have used the pulv. capsici in twenty-grain doses combined with twenty grains pulv. cinnamon in a little honey every three hours until four doses were taken, with good effect, producing sleep in from twelve to sixteen hours. The medicine is a pretty hot one to take.

There are some patients who will not sleep under any circumstances. Here I have found considerable benefit from another mode of treatment which has been invariably successful in my hands, viz., excessive fatigue. I was called to see a man in January. He was a liquor dealer, and was a strong, powerful man, and had been drinking for some time, and had not slept for three nights. He was sitting in bed praying with all his might; he was sweating profusely and quivering in all his voluntary muscles. I prescribed a purgative, as his tongue was coated and his bowels costive. Then I ordered a drachm of bromide of potassium every two hours until he was quieted. Next day he was in the same state. Had not slept a minute. I gave then twenty grains pulv. capsici every three hours in honey. Next day I called. He had not slept, but his appetite was good. He could take plenty of beefsteak, etc. He wanted to go to Washington Market, so I told his keeper to dress him up and walk him there, as perhaps it would cause sleep. Accordingly he went out and walked down South Street to the Battery, thence around to Washington Market and home to Henry and Montgomery streets. The man who accompanied him was very much fatigued, and said he would go no more with him, but the patient was as restless as before, and when I called in the evening he was sitting up and chatting

with his friends, and no sleep. Now I am opposed to opium in any shape, but at the urgent solicitation of his brother I gave him one grain of morphine at the same time remarking that it would not cause sleep.

Next day I again called. He was up, and had eaten some breakfast, but now the eighth day had arrived, and the man had not yet slept. I now made up my mind to tire him out completely, since neither drugs nor meat nor time would put him to sleep. I would again try the walking cure. I directed his brother to get a couple of men, and himself see that everything was carried out faithfully. At ten A. M. the sleepless one and a man left the house and walked to the corner of Fifty-ninth street and Fifth avenue. Another man met him there and walked him to McComb's dam, and after resting, walked him back to Fifty-ninth street and Fifth avenue. Then the brother met him and walked him home. Several times he desired to ride, but the men were firm, and carrying out my orders faithfully, they compelled him to walk. When he arrived home, after walking in all over twenty miles, he was scarcely able to go up-stairs; he was completely used up. He wore a heavy overcoat, and was in a profuse perspiration. They pulled his clothes off, he threw himself into bed, and in a few minutes, was sound asleep. He slept eighteen hours, and awoke completely restored.

This is only one of the many cases in which I have used this remedy during the past few years after trying other measures to procure sleep. This "movement cure," if I may be allowed to use the term in this case, is only adapted to those patients who are strong and vigorous. There are cases of delirium tremens when the patients will be unable to walk across the floor without support, may not even to leave the bed. If, after trying various remedies for a few days, and still the patient has his eyes open, then give the movement cure a full trial not by walking around a block, but a long walk that will fatigue him thoroughly and sweat the alcohol out of his blood, for I believe that a great deal is due to the exercise of the body, which causes all the secretions to be aroused to greater activity, especially of the skin, the lungs, the kidneys and liver, through which the alcohol poison is thrown off; and this I believe is the only reason why hard-working laboring men can drink so much liquor for years without much visible harm, while those of sedentary habits are so prone to show the ill effects of the poison in a much shorter time. Lastly, with regard to this movement cure, be sure to send reliable men, and caution them not to allow their charge to drink whisky nor to run away. I had a patient once who escaped from his attendant on the street; he was found several days afterward in the Tombs. Tinct. digitalis has been employed in large doses. I have given it as high as two or three drachms, but I did not see any

good effects following its use at that dose, and was afraid to carry it higher.

Chloroform is a good safe remedy in doses from half a teaspoonful to a teaspoonful in water or milk; in many cases it will do much good.

Tinct. lupulin, lavand. co., tinct. valerian, etc., contain too much alcohol. I have used them without advantage. In cases of great prostration I found a mixture of Hoffman's anodyne and sp. ammonia arom., a safe prescription. I have spoken before of one method of treatment, very popular among the people and with many of the faculty. I allude to the whisky treatment. Now I have never yet been afraid to stop whisky in delirium tremens. I have forbidden it in broken down people, and have never seen its sudden arrest do any harm; but there are exceptions to every rule, and there may be cases where the persons are so soaked with alcohol that a little may be used to keep up the action of the heart until other nutriment can be assimilated, but these cases must be very rare. If you cannot overcome the prejudices of the people in favor of giving whisky, temporize by giving it in very small doses, or what is better still say that the remedy you give is given in lieu of whisky.

Lately hydrate of chloral has attained some celebrity as a remedy in this disease. Like all new discoveries which have been successful in some cases, it has been extolled as a panacea for almost all evils. I think its merits have been greatly exaggerated, but I have no doubt in simple cases of delirium tremens, where a hypnotic is required, when the object is to produce quietude and sleep, chloral hydrate will be found of great use, in doses of twenty grains repeated until a drachm or two is taken. It is a pretty safe remedy, but must not be used indiscriminately.

To sum up the treatment of a pure case of delirium tremens, the first object is to attend to his surroundings. See that he is carefully watched; that he cannot hurt himself. Have his food properly cooked, so that it can be readily digested; do not allow his friends or his clerks to annoy him with business matters, to which he is totally incapable of attending, and above all, do not allow any female friends to be condoling with him on his condition or his looks. Such talk aggravates the patient's case, and makes him more restless. Have one or two discreet persons in the room to talk to him, if he wishes to speak, and to attend to his wants when required. Night and day the nurse should be at hand, whether he sleeps or wakes, until reason has assumed control. After this being attended to, order some medicines that you think will suit his particular case, always bearing in mind that powerful drugs are not necessary, and that the old watchword, "unless he sleeps, he dies," is not true. If the stomach requires it, order an emetic of ipecac, to be followed with a laxative of rhubarb and

bicarb. soda if the bowels are costive. If the stomach be irritable, carbonic acid water, ice, and a sinapium to the pit of the stomach. Then, to increase the tone of the stomach, give quinine; for nervous irritability, give bromide of potassium in doses from twenty to forty grains every two or three hours; if that fail, try chloroform or chloral hydrate. Do not be disappointed if your patient is not quieted in a day, and tell his friends that delirium tremens is not cured in an hour, and point out the danger of giving large doses of opium, and they will generally be satisfied.

There is a wild state of excitement produced by ale or beer, which occurs in nervous people; they will become highly excited after a few glasses, laughing or crying, talkative or blustering; this is not delirium tremens, it will pass away by morning under an emetic or purge.

Though delirium tremens, when uncomplicated, is a disease that the majority get well under any mode of treatment, it is quite the reverse when it supervenes upon any acute disease. The most common form of complication is pneumonia. I have often seen delirium tremens follow erysipelas and bronchitis, and injuries both slight and grave, and also on acute albuminuria, and I suppose that all acute diseases of drinking men may be followed and sometimes preceded by delirium tremens. A patient will be taken ill with severe chills and fever and pain in his side; next day you will find him with the first stage of pneumonia; in three or four more days you find him in delirium tremens. Again, a patient falls and breaks his leg, perhaps simple fracture. You may do up the leg and tell his friends that he will be well in six weeks; in four or five days he will be attacked with delirium tremens and die in a short time. Or you may be called to a case where the patient is up and dressed; he evidently has delirium tremens; it looks a favorable case, and so you pronounce it. In an hour or so, perhaps, after taking a dose of your medicine, he is seized with convulsions, and dies before your next visit. He has acute albuminuria.

I would again advise you in every case, whether complicated or not, to state that there is danger of the patient, for you cannot foretell what may occur. Again when you are called to attend a drinking man with an acute disease, be it ever so simple, inform his friends that he may get delirium tremens before his recovery. It is really surprising how small an accident, even a cut finger, will cause death if followed by delirium tremens.

In delirium tremens, complicated by pneumonia, I treat the latter by sp. mindererus and the oil-silk jacket, dry cups to the side, and if the pain is very acute, hypodermic injection of five to seven drops of Magendie's solution in the arm. For the delirium tremens, the bromide potass. I have seen one of the worst cases of this kind recover under the above treatment with proper nourishment.

In all severe cases, if you have the skin hot and dry, the urine scant and of a dark red color, a mixture of spirits mildereris and sweet spirits nitre, if the stomach will bear it, has a good effect. If the stomach be irritable, the effervescent mixture, viz.: Potass. bicarb. ʒij., syrup simplex. ʒij., aq. purae. ʒiv., a tablespoonful with three tablespoonfuls of cold water and one of lemon juice every hour or two, will be very appropriate. If you discover albumen, employ Rouchettis' hot-air bath; if the case looks urgent cups to the back, and purge with cream of tartar and jalap, if the system will bear it; try by all means to ward off convulsions; use every means to restore the secretions, for danger is nigh.

Erysipelas followed by delirium tremens is treated best by the tincture of iron. From careful observation I have come to the following conclusions:

1st. That delirium tremens is a blood poison produced by alcohol.

2d. That the disease is self-limiting like any other blood poison, that is, the system will throw it off provided it is not overwhelmed by the strength of the poison.

3d. That most cases will commence to get well within ten days, though I have seen cases where the disease was prolonged to three weeks, whether by the doctor's treatment or the force of the disease I cannot state positively.

4th. That the rational treatment is to cease all alcoholic stimulants, and to give in place of them such nutriment as the stomach can easily digest, as animal broths, and in well-regulated quantities.

Careful watching is absolutely essential. The patient should never be alone whether sleeping or waking.

5th. Though we have no antidote to the poison, yet we can, by restoring the secretions, ward off bad symptoms, and help to eliminate the poison from the system by a proper course of remedial means already enumerated. When subsultus tendinum and profuse sweating are the chief features of the disease, quinine and iron are the proper remedies. To allay nervous excitement and cause rest, the choice lies, I think, between bromide potass., chloroform, and chloral hydrate. In some cases, these drugs have a well-marked effect, but in other cases you will be disappointed by them. In some strong, vigorous men, the walking, so as to completely tire out the patient, will produce sleep, but he must be walking until he really is tired, from five to ten miles, if need be, he must be pushed forward until he cries for mercy, to allow him to lie down and sleep.

6th. Opium in small quantity has no effect on the disease. In large doses it is dangerous, if not fatal. Even in large doses it may not cause sleep. We know that the vast majority of delirium tremens patients will get well. We should not, therefore, jeopardize the lives of people, even if we were certain that we could cut short the disease by a day or two.

7th. You should never pronounce too favorably on delirium tremens. Let your prognosis be guarded, for in a day some complication may arise that will alter the whole case.

EDITORIAL DEPARTMENT.

Periscope.

Spontaneous Generation.

On this subject PROFESSOR DALTON gives the most recent results in the *New York Medical Journal*. He remarks at the close of the article:

It is by no means certain that the germs of infusoria which appear in boiled solutions may not resist the action of boiling water. It is true that Prof. Wyman has shown, by a series of very thorough experiments, that vibrios and similar infusoria lose their power both of motion and reproduction, after being boiled from five to thirty minutes. Prof. Bastian has even given evidence to show that

bacteria and vibrios lose their reproductive properties by being exposed for ten minutes to a temperature of 140° or 167° Fahr. But it is only the infusoria germs, not the infusoria themselves, which are supposed to pre-exist in the atmosphere or the solution; and they may very possibly withstand a temperature which would be fatal to the fully-developed organism. Unless we admit, therefore, that the infusoria in question are sometimes produced in sealed vessels by spontaneous generation, the germs of these minute bodies must possess the singular power of living and reproducing their kind after having been exposed continuously for four hours to the action of boiling water.

But what are the organisms in regard to which this doubt exists?

It is by no means the infusoria, as a class. On the contrary, since the time of Ehrenberg, important progress has been made in the study of these animalcules, and our ideas of their structure and classification have been greatly modified.

In the first place the whole group of Rotatoria, including *Rotifer*, *Stephanoceros*, *Floscularia*, and many others, have been entirely removed from the class of infusoria, and assigned to that of worms. Their complexity of organization showed this to be proper; and their mode of reproduction is sufficiently manifest from the fact that living embryos, in process of development, can often be seen in the interior of their bodies.

Secondly, the idea of spontaneous generation has been abandoned for all the Ciliated Infusoria, constituting, at least, nineteen-twentieths of the class, as now understood. This group includes such forms as *Paramecium*, *Colpoda*, *Chlamydomon*, *Ervilia*, *Stylonychia*, *Kerona*, *Oxytricha*, *Urostyla* and *Vorticella*—all those, in fact, which are more or less completely covered with cilia, and which move by the regular vibration of these little appendages. Within the last ten years it has been established, beyond a doubt, that many, any probably all, of these infusoria reproduce their kind by means of eggs, regularly fertilized in the ordinary mode of sexual generation.

Furthermore, the ciliated infusoria are never produced in boiled solutions which have been hermetically sealed or otherwise protected from the access of atmospheric germs. It is always and only the minute and more lowly forms that show themselves under these circumstances. By the almost universal testimony of experimenters on both sides of the question, the only infusoria, in regard to whose mode of generation there remains at present any doubt, belong to four genera, vibrio, spirillum, bacterium, and monas; and of these, bacteria and vibrios are by far the most frequent, and appear with the greatest persistence, in boiled infusions.

Now, these are precisely the smallest and most obscure of living organisms. They stand upon the extreme limits of the microscopic world; and in most instances no internal structure can be distinguished in them, the microscope revealing nothing but their form and motions. They were cited by Ehrenberg thirty years ago as the objects which escaped all satisfactory examination, and he refers them to the same category with those of the heavenly bodies which are indistinct on account of their remoteness.

Another fact of some interest is, that these genera, with one exception, are all now considered by common consent as belonging to the vegetable kingdom. With regard to monas there is a doubt in this respect; but all the vibroniæ, including vibrios, bacteria and spirilla, are now classed among vegetables, and are regarded as incomplete and transitory

forms in the development of certain aquatic fungi. These were also the organisms which were found by Dr. Lemaire, to be most rapidly developed in the moisture condensed by him from atmospheric vapor. "In a single drop," he says, "we counted more than two hundred specimens of bacterium termo."

Thus we find that now, as always, the idea of the spontaneous generation of living beings is confined to organisms of which we know the least. Exactly where our definite knowledge fails, owing either to the minute size or the imperfect organization of these bodies, there commences the obscurity which hangs around their origin. It is very justly said, in support of their spontaneous generation, that, if this mode of production exist at all, it is precisely in the case of the simplest and most imperfect organisms that we should expect it. We might imagine a bacterium or a monad to originate in this way, but not an eagle or an elephant. On the other hand, it is alleged that the imperfect organization of these minute forms is only apparent, and depends on the imperfection in our means of observation. When our microscopes and other aids to investigation have been still further improved, we shall find, it is said, that the bacterium and the vibrio possess an organization of their own, not less essential and complete in its way than that which we now know belongs to the ciliated infusoria. There is every evidence that at least their regular and normal mode of production is from germs disseminated in the atmosphere; and they themselves, as we have already seen, are embryonic or transitional forms in the development of a distinct vegetable growth. They are consequently to be regarded as an integral part of the cryptogamic vegetable organizations; and, notwithstanding the apparent simplicity of their structure, they no doubt, like other plants and animals, have their definite place in the organic world.

Reviews and Book Notices.

NOTES ON BOOKS.

—The publisher, F. C. VOGEL, of Leipzig, has issued a prospectus of the *Deutsche Zeitschrift für Chirurgie*. The editors are Drs. HUETER and LUCKE. An able corps of contributors are promised.

—The address of Prof. NOBLE YOUNG, M. D., delivered on the occasion of laying the corner-stone of the building for the College of Physicians and Surgeons of Wilmington, N. C., Dec. 27th, 1871, is chiefly historical, and contains a large number of interesting facts in American medical history. He is not

always accurate, however, for instance, he says, page 14: "The creation of the first medical society in Massachusetts, in 1782, set the example which has been followed by nearly every state in the Union." Nearly twenty years before that date the physicians of New Jersey had formed the first medical society on the continent.

We have also received the fourteenth annual report of the medical superintendent of the Provincial Hospital for the Insane, Halifax, Nova Scotia.

Report for the meeting for the organization of a Territorial Medical Society, held in Denver, Colorado, Tuesday, Sept. 19, 1871, including the constitution and by-laws adopted by the meeting.

BOOK NOTICES.

Transactions of the Medical Society of the State of New York, for the year 1870. Albany, 1870, pp. 429.

Quite a number of interesting papers are in this volume. The annual address of the President, Dr. JAMES P. WHITE, is on the progress of medicine; this is followed by a very instructive case, reported by Dr. LEWIS A. SAYRE, of luxation of the tendons of the posterior tibial and peroneal muscles of both legs, from stretching or rupture of the annular ligaments, through wearing high heeled gaiters. The patient, a young lady of 19 summers, was utterly unable to walk for four months. Dr. WILLIAM J. ORTON, advances a theory that tuberculosis arises from an excess of phosphorus in the system, and throws doubt therefore on the value of the hypophosphites in that disease. The value of the endoscope in diseases of the female bladder and urethra is illustrated by Dr. ROBT. NEWMAN. Apropos of a case of immense nevus, Dr. GEORGE H. HUBBARD, advocates non-interference in these deformities when of large size. He believes they never destroy life except when the surgeon tries to cure them. Dr. SAMUEL PETERS calls the attention of the profession to the beneficent action of chlorate of potash in all dropsical effusions. He gives a teaspoonful of the saturated solution every four hours with excellent results. Among the surgical articles we may specify two by Dr. E. M.

MOORE, on fractured clavicle and luxation of the ulna; on lethotomy and lethotritry, by Dr. GURDON BUCK; and on malignant tumors of the abdomen, by Dr. FREDERICK HYDE; Dr. C. C. P. CLARK, enters minutely into the management of the obstetrical forceps; Dr. THOMAS M. FLANDRAN describes twelve cases of trichinosis from pork-eating, six of which were fatal. Several interesting biographical sketches are included in the volume.

Third Annual Report of the State Board of Health of Massachusetts, January 1872. pp. 329.

This admirable volume deserves not merely a notice but rather an abridgment for bodily insertion in our pages. We know of no publications in the whole domain of sanitary science in America more careful in collecting facts, judicious in discussing them, and generally creditable to the profession of the United States than the Reports of this Board. They avoid the prejudices that warp many minds, the barren theoretical discussions which fill many volumes, and not least the intolerable fine writing in the style of "annual addresses" which doctors too often induce States and societies put in print. The subjects chosen are of immediate, real, and personal interest, and they are handled in a way to satisfy all truth-loving inquirers—though they will not please all readers by any means, and it would be a pity if they did.

A list of the subjects treated of is all we can give now, but we shall in our editorial columns revert to several of them hereafter. They are: Arsenic in certain green colors; mill-dams and other water obstructions; the use and abuse of intoxicating drinks (sure to bring down the thunders of the *Evangelist*); the adulterations and impurities of food; proper provision for the insane; the use and abuse of opium; sewing machines and health; slaughtering, bone-boiling and fat-melting; vegetable parasites and the diseases caused by their growth upon man; small-pox in Massachusetts; and health of towns. We must not fail to add that the excellence of this report is largely owing to the chairman of the board, Dr. H. J. BOWDITCH, and its secretary, Dr. GEORGE DERBY, who deserve the utmost credit for their labors.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, APRIL 13, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE PHYSICAL VIEW OF EVIL.

The enthusiastic advocate of human progress can certainly see no more positive evidence of it than the late discovery that what our benighted ancestors called *crime* is in fact nothing more than a symptom of disease! And that a truly enlightened philanthropy no longer recognizes the existence of moral evil, other than as a pathological product demanding our active sympathy, not our stern severity.

This beneficent discovery is supported by the reversing of our judgments on historical characters. We have been taught that Pedro the Cruel, of Arragon, was not a vindictive and remorseless tyrant, but a wise, patriotic, though, 'tis true, a somewhat rigorous ruler; FROUDE shows us that Henry VIII. was not an unscrupulous lecher, but a tender husband, austere in morals, and sacrificing his family feelings on the altar of his country; and DR. QUINCEY quite excites our compassion for that unfortunate gentleman, the Emperor Nero, who murdered his mother in the most ingenious manner, and burned Rome, while laboring under an access of hereditary disease.

A class who particularly merit our sympathy are the drunkards. Time was when

the besotted tippler was supposed to merit severe reprobation, and indeed chastisement. But that was a sort of Pelagian heresy, recognizing salvation through free-will, which we are happily delivered from. A sound view of his case sees in the roysterer an example of disease, dipsomania possibly or a subject of some physical malady imperatively demanding stimulants, and rendering it impossible to exert self-control.

Should a drunken brute happen to brain his wife while in his cups, this is but a most sad symptom of his malady. And generally speaking, it is really becoming quite difficult to distinguish between good and evil; or rather, quite doubtful if any such thing as wickedness, in the ethical sense of the term, is any longer possible.

In the *Transactions of the State Medical Society of California*, Dr. EZRA S. CARR has an article on "The Genesis of Crime," which advocates this agreeable view quite forcibly. He observes:

"When crimes are studied exactly as physical diseases are, with reference to their generation, modifying causes, prevention and cure, we may expect to see the last remnant of barbarism expelled from our statute books. Cases of unjustifiable homicide and suicide will be assumed to be cases of moral irresponsibility, involving the forfeiture of personal rights and perpetual restraint and guardianship. There will be no occasion for executive clemency, or for the innumerable evasions and perversions of justice, now so common. The stream of moral contagion which now flows during a criminal trial will be dried up at its source, when the wisdom of prevention leaves scanty occasion for the wisdom of penalty, and the hapless brings who stand up for judgment are seen as candidates for asylums rather than prisons."

Intoxication is not merely a proof of disease, but, inasmuch as it directly produces disturbance of the intellect it is a valid reason why those who violate the laws when drunk, shall not be awarded the penalty "in such cases made and provided."

Dr. DE MARCON, the latest writer on this

interesting medico-legal question, concludes a review of the various opinions on this point, thus:

"The drunkard is in some cases responsible and in others he is not; and, in fact, how can we condemn a man committing a crime against his will? In a criminal case, the question must be carefully examined; for, if the guilty party has had attacks of delirium tremens, if it is ascertained that he is a *dipsomaniac*, he ought to be confined in an asylum as any other insane, and, no matter how well he may appear to be while confined, it is not till after a long time, probably ten years, before he can renounce spirits, or that he may be set at liberty without danger for himself and society."

Again, he says:

"The man who gets drunk must only be responsible for the imprudence he committed in getting drunk. To impute to him the actions he committed when he had lost his power of reasoning is punishing as a crime a purely material action, abstraction being made of the guilty will of the agent."

But how can he be held responsible for his drunkenness if this is a sign of disease? And where are we to draw the line where self-control ceases and irresponsibility begins? In fine, is this endeavor to limit the space of moral free agency, or to abolish it altogether, as some would do, prudent or justified by observation?

We question it greatly. And we believe the tendency to view all human actions as the result of certain physical conditions—a tendency always marked in natural science, and very prominent at present—one replete with danger to individual uprightness, and if carried out to its logical consequences, destructive of those ancient and unalterable landmarks which separate vice from virtue, the Good from the Bad.

Notes and Comments.

Corrections.

On page 249, first column, line ten, for *per* read *per os*. On page 257, for *Keiper* read *Keyser*.

Pathology of Consumption.

Dr. BATTSON, of Claremont, Ill., in a letter to us discussing Dr. LOGAN's recent work on consumption, says:

"I cannot agree with NIEMEYER that the vegetarians in diet are more subject to consumption than the well-to-do, or better fed class. Something else than an excess of lime in the blood is necessary for the production of tubercle.

LOUIS' fatty liver of consumptives will help us to the explanation. I regard "phthisis" as much more frequently affecting the intellectual—the large brained, the nerve temperament. I am guessing, as you may think, but it seems to me, as *cholesterine* is the normal waste of brain and nerve tissue (REPORTER), so is tubercle the morbid waste, or detritus of brain and nerve tissue. Tubercle is essentially granular, composed of aplastic or retrograde cells with nuclei enclosed. An excess of phosphorized fat, as well as an excess of lime in the blood, is absolutely essential to the production of tubercle. Last year I saw an old gentleman die of brain tubercle (sixty years old), who in early life had pulmonary tubercle. He was dying nearly a whole summer. The very best medical scholars of Richland county agreed with me in that. Crude tubercle, you know, has even been found in the blood, coexistent with that deposit in the lungs.

"I have the very best authority for saying that the rural population of France are vegetarian in diet, and yet that population are freer from consumption than any other, except, perhaps, Italy and Spain (vegetarian) in Europe, certainly than that of Great Britain, or any part of central Europe. Our New England population are largely more subject to tuberculosis of the lungs than the population of any other part of the United States, and, although largely vegetarian, still consume more fatty diet than can be appropriated to its physiological uses. Besides, so I am told, the water used in New England for drinking purposes and cooking is *soft* and not limestone, as it ought to be."

Progressive Pernicious Anemia.

In the *Medicinische Central Zeitung*, Feb. 28, Prof. BIEMER, of Zurich, calls attention to this invariably fatal disease. He has seen fifteen cases in five years. The patients have a *hydræmo-anemic* appearance, loss of appe-

tite, but not of fat, anemic sounds in the arteries, capillary hemorrhages, especially of the retina, often with disturbances of the sight, some fever, and progressive debility. The *post-mortems* showed fatty degeneration of the heart and muscles.

The Plague in Persia.

We learn from our German exchanges that excellent reports on the epidemic that has been raging in Persia for two years past were read before the Imperial Caucasian Medical Society of Kiew, by Drs. CASTALDI and SCHLIMMER. They declare it to be the true Oriental plague, marked by high fever, cerebral symptoms, buboes on the neck, in the arm-pits and groin, petechial spots, carbuncles, etc. The mortality averages 50 per cent., death arriving in from three to eight days. It is unquestionably contagious. Whole villages have literally been depopulated. In cold weather it disappears.

Why Fish are Sometimes Poisonous.

This question was recently discussed before the Medical Society of Königsberg, Prussia, by Dr. SCHIEFFERDECKER. It is well known that prawn, rock fish, oysters, etc., are at certain seasons, unwholesome articles of food, and even poisonous. This does not arise from decomposition, nor from any observable change, as Dr. S. proves. He concludes that it depends upon a change in the blood, connected with the process of spawning.

The Blood in Syphilis.

Dr. LOSTORFER's now well-known alleged discovery of peculiar globules in the blood of syphilitic patients, was referred to a committee of the Vienna Academy of Medicine. While they were preparing to report, Prof. WEDL declared that "these so-called syphilitic corpuscles are nothing more than minute masses of fat and protoplasm, and are found quite as often in perfectly healthy as in syphilitic blood." The committee consequently reported that this closed the question, and any further discussion was needless.

Poor Dr. LOSTORFER must have been sadly disgusted at this exhibition of the *addictus jurare in verba magistri*. But an article by Prof. BRESLADECKI, in the *Wiener Medicinische Wochenschrift*, No. 8, 1872, will aid his cause a little. The Professor, who is of Kra-

kow, assisted by his colleague Prof. STORCZANSKI, found the corpuscles in the blood of persons with syphilis, rheumatism, heart disease, icterus, putrid pneumonia, phthisis, variola, puerperal processes, septicaemia and heart disease. They are, he says, *not* fat, nor protoplasm, but *paraglobulin* granules; and they do appear more numerous in syphilitic than in other blood. They appear on the fourth or fifth day after the outbreak of an attack of syphilis, and on the seventh or eighth day in the other diseases mentioned.

In view of this we have not yet given up faith in Dr. LOSTORFER and his corpuscles.

Female Students at Edinburgh.

The *British Medical Journal* for March 16 says:

"The *Philadelphia Evening Bulletin* is a very interesting journal. The view, however, which it takes of the progress of the ladies at Edinburgh is altogether beyond the facts. At this moment their cause is in a somewhat more discouraging state than at any time for the last two years. They are stopped by an absolute *non possumus* as regards their own demands; and they have unwittingly sown the path along which have they proceeded with prickles and barriers which will make it exceedingly difficult for any others to follow them."

Health Officers' Annual Report for Philadelphia for 1871.

This report poorly compares with what it should be and what we have a right to expect from this city, though the fault probably lies, not with the officer, but in the laws under which he works.

The births were 18,346; marriages 6,806; deaths 16,993. The principal epidemic was small-pox.

In the early part of the year this loathsome disease made its appearance, but did not attract any particular attention until August, when it began to assume the form of an epidemic, and continued gradually until the month of October, when we registered three hundred and thirty-one (331) deaths; it still continued with greater violence until the end of the year, when our entire mortality reached one thousand eight hundred and seventy-nine (1,879); previous to October, we only had registered forty-seven (47) deaths, thus last-

ing one thousand eight and thirty-two (1,832) in the months of October, November, and December.

Scarlet fever shows 262 deaths; cholera infantum, 829; consumption, 2,237; and croup 264. Of the total, 27 per cent. were children under one year of age, and 46 per cent. children under ten. The rates of deaths to population was one in forty four, the highest in any one ward, one in twenty-nine.

Fertility of Americans.

This question is discussed in the April number of the *Atlantic Monthly* by Rev. EDWARD JARVIS: Do the foreigners who come to these shores produce children in extraordinary numbers in the first generation, and after that become sterile? What are we to say to M. CARLIER, "a French traveler," and Mr. LOUIS SECADE, who both do say that among people of any stock that has been in this country so long as eighty-two years, the power of natural increase has been reduced to next to nothing—one and four-tenths per cent. or thereabouts?

We know the reply that some statisticians are ready with, and the explanation they offer of the infertility of American women. But facts do not bear them out. "There is not only no ground," says Mr. JARVIS, "for the theory of the limited growth of the American and the unlimited growth of the foreign element in the population of the United States, but, on the contrary, the natural increase is at a lower rate in the foreign than in the American families"; and this, be it remembered, excludes the negroes.

Epidemic of Cerebro-spinal Meningitis.

Dr. H. A. PHILLIPS, of Knoxville, Pa., writes us: Cerebro-spinal meningitis has prevailed in this locality to an alarming extent. I have seen full two hundred cases of well-marked meningitis; some died in a few hours from the attack, but the number of deaths has been small for the number of cases. It is a disease of its own type, a fever as distinct as typhoid or any of the continued fevers. The course of the fever is five or six days; then comes convalescence of the most tedious character, very liable to relapses. It is sometimes complicated with pneumonia, making very grave cases to treat. At the present time the disease seems to be subsiding, or to prevail in a milder type, and few deaths.

The Results of Science.

Dr. O. H. ADAMS, in a valedictory address at Rush Medical College, Chicago, thus humorously sums up the invaluable achievements of modern scientific anthropology:

"Human reason has been continuously employed through thousands of years upon one topic, man; commencing in the belief of the divinity and immortality of man, the results summed up, run thus:

"I am a modified baboon.

"My mental manifestations are the results of magnetism.

"My parents millions of years ago were a species of porifera. They came into existence by mere chance.

"In death I shall be annihilated."

How Some Medical Schools are Chartered.

The original charter of the "Philadelphia University of Medicine" was hidden in a maze of measures entirely foreign to that subject, such as are too frequently heaped up in the Legislature to cover questionable objects. The original charter was contained in a section of an act passed in 1853, which authorized the authorities of the then borough of Frankford to borrow money to erect a gas works; which also referred to a school-house at Powelton, to elections to a township in Juniata county, and various other matters.

Chronology of American Medical Journalism.

Prof. NOBLE YOUNG, M. D., of the Georgetown Medical College, D. C., said in his address on the occasion of laying the cornerstone of the building for the College of Physicians and Surgeons, Wilmington, N. C.:

"The honor of establishing the first medical journal in the United States is due to New York, by the labors of Doctors SAMUEL M. MITCHELL, EDWARD MILLER and ELIHU H. SMITH, in 1797. The *Philadelphia Medical and Physical Journal* was next published in 1804, followed by the *Philadelphia Medical Museum* in 1805; *Baltimore Medical and Physical Recorder*, 1808; *New York Medical and Philosophical Journal and Review*, in 1809; *The American Medical and Philosophical Register*, in New York, in 1810; *The American Mineralogical Journal*, at New York, in 1810; *Eclectic Repository*, in Philadelphia, in 1811; *Baltimore Medical and Philosophical Lyceum*, in 1811; *New England Journal of Medicine and Surgery*,

Boston, in 1812; *American Medical Recorder*, Philadelphia, in 1818; *Philadelphia Journal of Medicine and Physical Sciences*, in 1820; *American Journal of Science and Arts*, New Haven, in 1821; *New York Medical and Physical Journal*, 1822; *Western Medical Reporter*, Cincinnati, Ohio, 1822; *Hartford Analectic Journal of Medicine and Surgery*, 1823; *Boston Medical Intelligencer*, 1823; *Medical Review and Analectic Journal*, Philadelphia, 1824; *New York Monthly Chronicle of Medicine and Surgery*, 1824; *Carolina Journal of Medicine, Science and Agriculture*, at Charleston, S. C., in 1825."

Correspondence.

DOMESTIC.

The Ice Treatment of Scarletina.

EDS. MED. AND SURG. REPORTER:

I consider it but doing justice to Dr. HIRAM CARSON to report cases of scarlet fever treated with ice. Since the late discussion pro and con in your pages, there has been a complete silence. Can it be that many of your readers have no scarlet fever to treat, or are they too obstinate to test the ice treatment? I am confident that I have saved two lives with it. I will not detail symptoms; all your readers are familiar with the symptoms of an anginose and generally fatal form of scarlet fever. In my two dangerous cases, the pulse was too rapid to count, with extremely inflamed condition of the tonsils, pharynx, etc., delirium, sleeplessness, all of which were relieved from the very first of the ice applications, and steadily progressed to cure.

There is one point upon which Dr. CARSON does not insist strongly enough. He says truly that the ichorous mucus secreted by the inflamed throat is almost always swallowed, and is subject to reabsorption from the stomach and bowels, producing secondary blood-poisoning.

But he does not tell us how to prevent absorption. Now, in all of my cases, I have found, after the throat begins to secrete profusely, and as a consequence, a great portion of the poisonous material enters the stomach. The patient will complain of griping pain in the stomach, and after awhile mucus diarrhoeal discharges from the bowels of an ashy white slime.

I endeavor to aid nature by a free purge of castor oil or epsom salts; and repeat when above symptoms demand with the result of relieving the distress, and getting rid of poisonous material. I would ask others to make known their experience through the columns of your valuable REPORTER. And if their

success with ice equals mine, we may say that dreaded scourge of children is indeed robbed of most of its terrors.

I am very respectfully yours,

A. J. JESSUP, M. D.,
Westtown, Orange co., N. Y., March 26, 1872.

News and Miscellany.

Attending the Poor by Contract.

The committee of the township which includes the town of Hightstown, Mercer county, New Jersey, solicited proposals from the different physicians of the town for attending the poor of the township. There are five practicing physicians, three regular and two homeopaths. The following are the replies of the three regulars. The contract was given to one of the homeopaths. We honor the profession of Hightstown for their action in this matter, and trust that it will be contagious:

To the Members of the Township Committee of East Windsor:

GENTLEMEN: Having received notice that proposals would this evening be received and entertained from each of the doctors of this village for service to paupers for the coming year, please allow me to state that for one it is not my intention to send any proposal for any business of this character. And I would have your honorable body understand that I hold humanity too dear to entertain for a moment the idea of bartering or trafficking in its sufferings and needs; and as I believe that a series of underbidding would be both unprofessional and ungentelemanly to my brother physicians, I must decline to consider your invitation to send proposals. I would, however, ask you to bear in mind that I shall ever hold myself in readiness to attend the afflicted, be they poor or rich, for a proper compensation.

Cognizant as I am of the evils which resulted in a neighboring township from an action similar to the one you propose, I am constrained to say that I think it neither christian-like or politic.

I am, gentlemen, yours with respect,
J. A. EXTON.
Stockton st., Hightstown, N. J., March 14, 1872.

HIGHTSTOWN, March 14, 1872.

To the Township Committee of East Windsor:

GENTLEMEN—I received notice to-day from your honorable body that proposals were expected to be received this evening from various physicians, stating the amount for which they would engage to attend the poor of this township for the ensuing year, and an invitation to participate in such competition.

In reply, allow me to say that I cannot take part in such an arrangement. Besides being a palpable violation of the code of medical ethics, it would be an unseemly contest between brother physicians in underbid-

ding each other in the matter of charges for the sake of obtaining the patronage in question—and that is a position I could not consent to occupy.

Should I be at any time called upon to give my professional services to any of the poor of the township, I should, as in all other cases, endeavor to perform my duty faithfully by them, and at such rates as are proper and usual.

And I would moreover (if it would not be deemed impertinent) venture to suggest that poverty is no sufficient reason why a person should be deprived of the privilege so much valued by others, of choosing his own physician.

Very respectfully,

LLOYD WILBUR.

HIGHTSTOWN, March 14, 1872.

To the Township Committee of East Windsor:

GENTLEMEN—You desire me, in common with the other physicians of this town, to name the sum of money for which I would agree to supply the medical wants of the "township poor" for the ensuing year. This I cannot do.

While perfectly willing to render any service in my power to the afflicted poor, entrusted to your care, at the rates of compensation which common usage has established to be just and proper, I am not disposed to do this by "contract."

My reasons are the following: First. It involves a violation of Medical ethics—underbidding in medicine, as in the other learned professions, being considered disreputable and derogatory to the professional character.

Secondly. It would be manifestly *unjust*. On this plan the poor must submit to the *cheapest* medical attendance, and are denied the right to select their own physician. Though poor, they are nevertheless human beings, and to compel them to receive the attention of a physician in whom they have no confidence is hardly in keeping with the enlightened views of this 19th century; and

Thirdly. I would be encouraging a principle now generally acknowledged to be wrong. It is asking the physicians of Hightstown to take risks in a kind of lottery, and that I would prefer not to do. It doubtless is the duty of every citizen to foster that which tends to elevate the physical and moral condition of mankind, and whether the inauguration of this sort of speculation is exactly in the line of this duty is not at present an open question with me.

The high regard I entertain for you personally, and the respect due you officially, impel me in declining your request to give you the reasons in full, and in doing so I trust I have not been lacking in that degree of deference which is always due to superior age or experience.

I am very sincerely yours,

CHAS F. DESHLER.

The Oldest Man in the World.

JACOB FOURNHIS, who was probably the oldest man in the world, died recently at Kansas City. He was about 138 years old, and remembered distinctly, the taking of Quebec by Wolfe, in 1759. In 1814, at the time of the occupation of New Orleans by General Jackson, Fournhis, was not allowed to enlist because he was too old. He followed the occupation of a hunter for fifty years, and retired about thirty years ago from active work. We wish some physician there would study the facts of his history.

Increase of Drunkenness.

In France and Spain, observers unanimously confirm the statement that drunkenness is alarmingly on the increase, especially among the lower classes. They are giving up the native wines, light beers and cider, and addicting themselves to distilled spirits, absinthe, and schnapps. How this can be checked is occupying legislatures, philanthropists and physicians, but so far nothing practical has been done.

The Othopedic Hospital of Philadelphia.

This excellent institution has been removed to the corner of Seventeenth and Sumner streets.

The managers say in their annual report for this year: "Four years have passed since the hospital was established, and the number of patients have steadily increased from 116 in 1868 to 328 in 1871. The hospital is no longer a charity of uncertain value. In the department of bodily deformities, 154 cases were examined, 39 of which were of club-foot, 19 of hip disease, 32 of spinal affections, 4 of white swelling, 9 of contractions of the joints, and 2 of varicose veins. Of this number 65 were cured, 21 were not healed, 2 were pronounced incurable, and 73 were improved.

Persecution of Male Students!

The *Medicinische Central Zeitung*, January 14, says that 30 young women, chiefly Russians and Poles, have inscribed in the Zurich University. They rudely seize the best seats, and crowd the poor young men at the clinics; they even smoke to such an extent that the professors complain that it makes them cough. The poor persecuted male students have therefore petitioned the Senate to stop such improprieties. These afflicted youths have our warmest sympathy.

The American Medical Association.

The Twenty-third Annual Session will be held in Horticultural Hall, Broad street above Spruce, Philadelphia, on Tuesday, May 7, 1872, at 11 A. M.

Special arrangements have been made with

the railroads for transportation of members at reduced rates, and with the principal hotels and boarding houses for the expense of members while here. Prices, etc., are given in a circular now ready and furnished by the secretary, WM. B. ATKINSON, M. D., 1400 Spruce street, Philadelphia.

All who desire to avail themselves of the above rates, must send to the secretary their full names, and the names of all the railroads over which they must travel in coming to the session, with stamp for postage.

European News Items.

—Professor TRAUBE has been appointed professor in the University of Berlin, being the first Israelitish professor that institution has had.

—The University of Strassburg is to commence operations under German auspices May 1st. The medical faculty are Dr. WALDEYER, Anatomy; Dr. HOPPE SEYLER, Physiology; VON RECKLINGHAUSEN, Pathological Anatomy; Dr. SCHNIEDEBERG, Materia Medica; Dr. LEYDEN, Internal Pathology; Dr. LUCKE, Dr. GUSSROW, Gynecology and Obstetrics. This is a fine array of talent.

—The German Sanitary Commission (*Pflege-Vereine*) is about to publish a report of its action during the Franco-German war.

QUERIES AND REPLIES.

Veterinary Surgery.

Dr. J. D. J., of Tenn.—We recommend Morton's Veterinary Pharmacy, \$5.00; Gamgee, Veterinarian, *vade mecum*, \$5.00; Youatt, *On the Horse*, \$3.50.

Coxalgia; String Halt.

Messrs. Editors: 1st. Which is the better plan of treatment for a rather subacute, slow-forming form of femoral coxalgia, child, *et. 7 years*, viz.: by extension and counter-extension and confinement in bed, with an issue over the hip—an allusion to which I saw in the REPORTER some time since, or by a starch and spica bandage to obtain immobility of the joint, and allow patient to move around on crutches? How long should the child be confined in first plan, and what kind of an issue is best? How long should bandage be worn in second plan, and what kind of an issue? 2d. What is the pathology of, and is there any treatment for, what is called "string-halt" in horses? W. S.

Dr. A. J. M., Ohio.—Thank you for the card of the trader in diplomas. A liberal supply has been sent me, and it has been used to advantage—for our State Legislature has withdrawn the charters of the trading colleges—and that chap's "occupation's gone."

American Journal of Obstetrics.

In reply to many inquiries we would say that we have not yet received the February number of the *American Journal of Obstetrics*. We have understood for some time that it was about ready, but of the cause of the delay we are not yet advised.

OBITUARY

PROFESSOR SAMUEL HENRY DICKSON, M. D.

Professor Samuel Henry Dickson, M. D., of Jefferson Medical College, died in Philadelphia, on March 31st. He was born in Charleston, S. C., in 1798. Professor Dickson for over fifty years was a practitioner and a teacher of medicine. He was for some time connected with the medical department of the University of New York, and was for many years Professor of the Institutes and Practice of Medicine in the College of South Carolina. In 1853 he was appointed Professor of the Practice of Medicine in the Jefferson Medical College of Philadelphia, and occupied that position at the time of his death. Professor Dickson was the author of many essays on medical and miscellaneous subjects, and contributed to various periodicals. His death was caused by aortic aneurism from which he had long been a sufferer.

At a special meeting of the students of the Jefferson Medical College, held April 1st, 1872 the death of S. H. DICKSON, M. D., L. L. D., Professor of the Theory and Practice of Medicine in the Jefferson Medical College, was announced, and the following resolutions were unanimously adopted:

Resolved, That we, the students of the Jefferson Medical College, have lost a most eminent and earnest instructor and a valued friend.

Resolved, That in his death the medical profession has lost a most distinguished member, a man intimately connected with the progress of medical science during the last fifty years. Eminently successful in his labors as a teacher, his loss will be mourned by the thousands who have listened to his able instructions.

Resolved, That a copy of these resolutions be sent to his bereaved family, with whom we deeply sympathize; and that in further token of our respect, we will attend his funeral in a body.

FRANK WOODBURY, Pen sylvanin, *President*.

FRANKLIN WEST, Pennsylvanin, *Secretary*.

CHAS. H. FISHER, California,
GEO. D. TOPPING, M. D., Ohio,
JOHN E. HALBERT, Mississipp,
HEMT M. PERRY, M. D., S. C.,
J. ELIASON, Maryland, } *Committee*.

MARRIED.

MUNSON-KENYON.—In Otisco, March 14th, by Rev. A. R. Palmer, Willis W. Munson, M. D., and Miss Alma M. Kenyon.

DIED.

BROWN.—At Alken, S. C., March 28th, 1872, Isaac Brown, of New York city, aged 37, oldest son of Dr. Oliver Brown.

FOWLER.—At East Fishkill, N. Y., March 19, of pneumonia, Theodore Fowler, M. D., in the 61st year of his age.

JACKSON.—In this city, on the morning of April 3, Samuel Jackson, M. D., emeritus professor of the institutes of medicine in the University of Pennsylvania, aged 83 years.

KREIGER.—In this city, on the 5th inst., Dr. Gustavus H. Krieger.

NELSON.—At Rhinebeck, N. Y., April 4th, Theophilus Nelson, M. D., in the 74th year of his age.

DR. ZINA PITCHER, one of the oldest and most eminent physicians of Detroit, Mich., died April 5th. Dr. Pitcher was for many years a subscriber of the MEDICAL and SURGICAL REPORTER and HALF-YEARLY CONFEDITION.

REILEY.—At his residence, in Suckasunna, Morris county, N. J., on the 23d ult., Dr. James Reiley, in the 43d year of his age.

ROGERS.—In Troy, Vt., March 1st, Charlie, infant son of Dr. C. S. Rogers, aged 4 months.

TOWNSEND.—In this city, on the 6th inst., René N. Townsend, daughter of the late Dr. Charles Townsend.

VSCALE.—On the 4th inst., near Fottstown, Montgomery county, Pa., Mrs. C. C. Voale, widow of the late Dr. Dempsey M. Voale, of Virginia, in the 72d year of her age.

DR. PETER WILSON—Ha-da-goba, or, One-who-heals-the-sick, in the Indian tongue—a chief in the Six Nations died recently on the Cattaraugus Reservation. He was a descendant of Red Jacket, and was liberally educated.